



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF CHILD SUPPORT ENFORCEMENT

Janet Napolitano
Governor

(602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

Tracy L. Wareing
Director

REVIEW AND ADJUSTMENT REQUEST

Custodial Parent / Obligee's Name

Social Security No

Non-Custodial Parent / Obligor's Name

Social Security No.

RE: ATLAS Case No.

I am requesting DCSE to review and modify my current child support order, if warranted, because:
(**Must be completed.** Please use other side of this sheet if you need additional room.)

Signature of person requesting review and adjustment

Date

Printed Name

Home Phone

E-mail Address

Work or Daytime Phone

Mailing Address (No., Street, City State, ZIP Code)

MAIL COMPLETED FORM TO: DCSE
P.O. Box 40458
Phoenix, AZ 85067

For DCSE Use Only	Date Received	Received from (circle one):		
		CP	NCP	Other State

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Enforcement at 602-252-4045; TTY/TDD Services: 7-1-1.

INSTRUCTIONS FOR REVIEW AND ADJUSTMENT REQUEST

Either parent may ask the Division of Child Support Enforcement (DCSE) to review their child support order for possible adjustment by completing the Review and Adjustment Request. A review and adjustment may be requested once every three years.

If your order was reviewed or entered within the last three years, or you are asking for a review sooner than three years from the last review, written support must be included showing that a substantial and continuing change in circumstances has happened for the non-custodial parent and/or custodial parent.

Examples that may be considered a substantial and continuing change of circumstances are the addition of or change in health insurance, losing a job, becoming disabled, or an increase or decrease in wages.

Written support for your request might include pay stubs, child care statements, etc. The change in circumstances documentation must show that the amount of child support payment would change by at least 15% in order for the DCSE to complete a review and adjustment.

Once a review and adjustment process is started, DCSE will complete the process as long as the agency has an open child support case with either parent.

After a review and adjustment is completed, there may be a change in the amount of the child support payment. The amount ordered to be paid for current child support may go up, go down or stay the same, or may include a change in medical coverage. If the child support amount is adjusted, the order will be generally effective from the date the order is signed by the parties or the court, or the date the request is filed with the court.

If you need additional information, contact DCSE Customer Service at 602-252-4045.